

Please print all information.

Use Black Ink (ONLY).

Fall 2004 CO-RECREATIONAL ROSTER

City of Tempe Parks and Recreation
Sports League Registration / Roster Form

TEAM NAME: _____

MANAGER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

(H) PHONE: (____) _____ (W) PHONE: (____) _____

CELL PHONE: (____) _____ PAGER: (____) _____

E-MAIL ADDRESS: _____

"I have read and agree to all the rules of the City of Tempe League and verify to the best of my knowledge information given is accurate and true. I also understand all participants play at their own risk and are responsible for their own health insurance."

Manager's Signature: _____ Date: _____

OFFICE USE ONLY / VERIFICATION OF TEMPE RESIDENTS

Registration Status: 50% _____ Tempe Business _____ -50% _____ Open _____

<i>Tempe Residents</i>	<i>Non-residents</i>	<i>Percentage of Tempe Residents</i>
		%

Team Roster: Name**Address****City****Zip****Home Phone****Work Phone****E-mail**

1) Manager:				()	()	
2) Asst. Manager:				()	()	
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